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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Marianne L. KODIMER
Group Art Unit	
Examiner Name	
Attorney Docket Number	66329/00141

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23380

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name      Marianne L. KODIMER

Signature      *Marianne L. KODIMER*

Date      1-23-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **4** forms are submitted.

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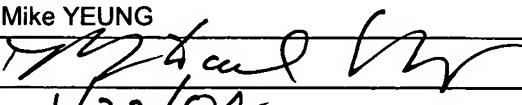
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### SIGNATURE of Applicant or Assignee of Record

Name	Mike YEUNG
Signature	
Date	1/22/04

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### SIGNATURE of Applicant or Assignee of Record

Name	Amir SHAHINDOUST
Signature	
Date	1-23-04

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First Named Inventor	Marianne L. KODIMER
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Examiner Name	
Attorney Docket Number	66329/00141

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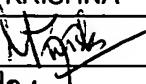
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### SIGNATURE of Applicant or Assignee of Record

Name	Girish R. KRISHNA
Signature	
Date	2/20/04

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	66329/00141
First Named Inventor	Marianne L. KODIMER
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A SYSTEM AND METHOD FOR ROLE BASED ACCESS CONTROL OF A DOCUMENT PROCESSING DEVICE**

(Title of the Invention)

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

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Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Marianne L.	Family Name or Surname Kodimer
---	-----------------------------------

Inventor's  
Signature



Date

1-23-04

Residence: City Huntington Beach	State California	Country USA	Citizenship USA
-------------------------------------	---------------------	----------------	--------------------

Mailing Address  
519 18th Street

City Huntington Beach	State California	ZIP 92648	Country USA
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Mike	Family Name or Surname Yeung
--	---------------------------------

Inventor's  
Signature



Date

1/22/04

Residence: City Mission Viejo	State California	Country USA	Citizenship USA
----------------------------------	---------------------	----------------	--------------------

Mailing Address  
27632 Canajo

City Mission Viejo	State California	ZIP 92691	Country USA
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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PTO/SB/02A (11-00)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Amir		Shahindoust	
Inventor's Signature			Date 1-23-04
Residence: City Laguna Niguel	State CA	Country USA	Citizenship USA
Mailing Address	23972 Dory Drive		
Mailing Address			
City Laguna Niguel	State CA	ZIP 92677	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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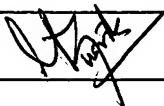
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GIRISH R.		KRISHNA	
Inventor's Signature 		Date <u>2/2/04</u>	
Residence: City	Torrance	State	CA
Country	US	Citizenship	India
Mailing Address 21114 Amie Avenue			
Mailing Address			
City	Torrance	State	CA
ZIP	90503	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
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